Department of Alcoholic Beverage Control

LIMITED PARTNERSHIP QUESTIONNAIRE

State of California GRAY DAVIS, Governor Business, Transportation & Housing Agency MARIA CONTRERAS-SWEET, Secretary

Instructions: Complete all items. Attach a copy of the original Limited Partnership Agreement and all amendments. One general partner must sign.

1. LIMITED PARTNERSHIP NAME			2. TELEPHONE NUMBER	2. TELEPHONE NUMBER	
3. PREMISES ADDRESS (Street number and name, city, z	rip code)				
4. LIMITED PARTNERSHIP HEADQUARTERS ADDRESS			5. HEADQUARTERS TE	5. HEADQUARTERS TELEPHONE NUMBER	
6. LIMITED PARTNERSHIP ATTORNEY'S NAME			7. ATTORNEY'S TELEF	7. ATTORNEY'S TELEPHONE NUMBER	
8. LIMITED PARTNERSHIP ATTORNEY'S ADDRESS	(Street number and na	me, city, state, zip code)			
9. DATE LP1 OR LP5 FILED WITH SECRETARY OF STATE		10. LIMITED PARTNERSHIP AGREEMENT AND/OR CERTIFICATE HAS BEEN AMENDED YES NO	11. LAST AMENDMENT	DATE	
12. NAMES OF GENERAL PARTN	ERS AND PER	CENTAGE OF OWNERSHIP			
	%			%	
	%			%	
	%			%	
	%			%	
	%			%	
	%			%	
13. NAMES OF ANY LIMITED PARTHELIMITED PARTNERSHIP		OWN 10% OR MORE OF THE CAP ERCENTAGE OF OWNERSHIP	ITAL OR PROFITS	6 OF	
	%			%	
	%			%	
	%			%	
	%			%	
	%			%	
	%			%	
14. ARE THERE ANY LIMITED PARTNERS WHO OWN LES	% S THAN 10%?			%	
Yes No					
SIGNATURE OF GENERAL PARTNER		PRINTED NAME	DATE SIGNED		

ABC-256 (6/00)